



COLUMBIA UNIVERSITY

College of Dental Medicine

INFORMATION FOR PREDOCTORAL DENTAL STUDENTS/GPR or AEGD RESIDENTS APPLYING FOR AN EXTERNSHIP

Thank you for your interest in the short-term Externship Program at Columbia University's College of Dental Medicine. The Externship Program provides dentists in residency programs and students with exposure to the scope and practice of AEGD, Endodontics, Orthodontics, Periodontics and Prosthodontics. Participants will have the opportunity to observe in the dental clinic, make rounds and attends lectures/seminars. Participants will not be able to perform direct patient care, but may have an opportunity to assist chairside under direct supervision.

If you are interested in applying to our program, please note:

1. There is a limit of two (2) externs per month and per specialty. Externships can be for one day up to one week during the Spring semester (February-May). Time commitments vary per program.
2. If performance evaluations are required by your dental school, forms can be sent by the Dean of Students/Residency Program Director of the visiting student's school. Evaluation form(s) to be completed should be included with the attached application.
3. Upload a 2x2 passport size photo in jpeg format to the application.
4. Visitors are required to be vaccinated and be up-to-date with immunizations. Proof of vaccination & immunization documentation must be presented if requested once on site.
5. Columbia University College of Dental Medicine does not provide liability or malpractice insurance for visiting students. Applicants must have their Dean of Students or Residency Program Directors complete the section of the externship application stating that the visiting student/resident will be covered for their activities while at Columbia University College of Dental Medicine. Proof of coverage must be submitted with application and kept with you while on site.
6. Columbia University College of Dental Medicine does not provide health insurance for visiting students. The Columbia University Student Health Service is available for emergency medical problems. If consultation, laboratory studies, x-rays and/or medications are required, visiting students will be appropriately billed. It is, therefore, mandatory that the visiting student be covered by a personal health insurance policy or a health insurance policy of the visiting student's school. Proof of coverage must be submitted with application and kept with you while on site.

Send your completed application with the required documentation to:
cdm-pgadmissions@cumc.columbia.edu

DO NOT RETURN THIS PAGE

Checklist for complete application:

- Signed externship application (electronic signatures will not be accepted)
- Signed Statement by Dean of Students/Residency Program Director
- CV
- Proof of personal health coverage (must be with you while on site)
- Proof of malpractice/liability insurance (must be with you while on site)
- Proof of vaccination – COVID19 (must be with you while on site)
- Proof of up-to-date immunization history
- Performance evaluation forms (if applicable)
- 2x2 photo

Type answers in the box. Briefly describe your goals for attending this externship in 3-4 sentences.

Please check the appropriate boxes that apply:

I have read the information on externships and I am aware that acceptance to the externship program does not constitute formal admission to Columbia University College of Dental Medicine. I understand that evaluation of my performance will be based on the same criteria as those used to evaluate matriculated students at Columbia University College of Dental Medicine. **Submitted with application:**

- Current CV and 2x2 passport-size photo in jpeg format (*upload photo on first page*)
- Evaluation form(s) to be completed from student's school are included with the application (*applicable if your school requires an evaluation*)

I understand that the Columbia University College of Dental Medicine does not provide health insurance or professional liability insurance. The Columbia University Student Health Service is available for emergency medical problems. Visiting students will be appropriately billed for any services, consultations, and/or medications required. **Submitted with application:**

- Proof of dental malpractice insurance provided from my school (*keep a copy with you at all times during your visit*)
- Proof of dental malpractice insurance purchased should my school not supply coverage (*keep a copy with you at all times during your visit*)
- Proof of personal health coverage or school health coverage (*keep a copy with you at all times during your visit*)

Keep a copy of the following documents with you at all times during your visit. Attest to the following where applicable:

- Proof of vaccination: I certify that the information that I have submitted is true and correct and that I am fully vaccinated (more than 2 weeks after the second dose for 2-dose vaccines)
- Proof of vaccination: I certify that the information that I have submitted is true and correct and that I am fully vaccinated (more than 2 weeks after vaccination for 1-dose vaccines)
- Proof of current immunization history: I certify that the information that I have submitted is true and correct and that my current immunizations are up-to-date.

Signature of Applicant

Do not insert an electronic signature

Date

Statement by Dean of Students *Handwritten signature is required. Do not insert an electronic signature.*

I certify that the:

Student name _____ D3 D4

Is a registered student in good academic standing. The dental student named above has permission to participate in the visiting externship program at Columbia University College of Dental Medicine (CUCDM) during the dates requested. The student will will not be covered by liability, malpractice and personal health insurance for the period indicated and will will not require a written evaluation from CDM faculty.

Resident name _____ PGY1 PGY2

is in good standing with the residency program and has permission to participate in the externship program at Columbia University College of Dental Medicine (CUCDM) during the dates requested. The resident will will not be covered by liability, malpractice and personal health insurance for the period indicated and will will not require a written evaluation from CDM faculty.

NAME OF DEAN FOR ACADEMIC AFFAIRS/RESIDENCY PROGRAM DIRECTOR (or equivalent)

Print Name

Date

Signature of Dean for Academic Affairs/Residency Program Director (or equivalent)

Do not insert an electronic signature

For CUCDM Use Only:

Accept the student at the time requested _____

Not accepted at this time

Accept the student at an alternative time _____

Signed Externship application

Signed Statement by Dean of Students/Residency Program Director

CV

Proof of personal health coverage

Proof of malpractice/liability insurance

Proof of vaccination & immunization

Performance evaluation forms

2x2 photo

Signature of Director, Postdoctoral Student Services

Date